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EMPIRICAL RESEARCH

Assessing Employer Willingness to Accommodate Individuals in Substance Use Recovery: A Study of Supportive Workplace Practices

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Workplace support plays a critical role in sustaining recovery for individuals with substance use disorders, yet little is known about the factors that shape employers' willingness to provide accommodations. This study examined employers' willingness to provide workplace accommodations for individuals in recovery from substance use disorders and explored the extent to which personal and business-related characteristics predicted that willingness. A survey was administered to 380 employers. The 16-item Willingness to Accommodate Scale (WAS), a new 5-point Likert-type scale developed for this study, was used to gauge employers' willingness to accommodate. Descriptive statistics, Pearson product-moment correlations, and hierarchical multiple regression were used to examine relationships among willingness to accommodate, personal characteristics, compassion, and business-related variables. Employers reported an overall willingness to provide accommodations, although support varied by accommodation type. The strongest support was for moving employees from drug exposure, directing them to counseling or EAPs, and offering praise and positive reinforcement. Lower support was reported for work-from-home accommodations and paid leave for inpatient treatment. Recovery awareness, compassion, and prior training were positively associated with willingness to accommodate, whereas industry type and business structure were not significantly related. Findings suggest that employer willingness is shaped less by industry alone and more by recovery knowledge, training, and workplace exposure. Results support the value of employer education and recovery-supportive workplace practices to strengthen vocational wellness for individuals in recovery. Implications for practice and research are discussed.

Substance use professionals have emphasized the importance of stigma reduction as a key strategy to support individuals in recovery and improve their reintegration into the workforce (Spata et al., 2024). Individuals in substance use recovery are often people working to heal and rebuild stable, healthy lives after experiencing problems related to alcohol, drugs, or other addictive behaviors. Despite legal protections under Title I of the Americans with Disabilities Act (ADA), which prohibits discrimination against

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individuals with histories of addiction who are in remission or engaged in rehabilitation, stigma and discriminatory hiring practices remain pervasive. When individuals are part of other marginalized groups, these obstacles are amplified, leading to greater difficulties in finding and keeping jobs (Earnshaw, 2021). Research highlights that individuals in recovery face discrimination similar to that encountered by other historically excluded groups, such as racial/ethnic minorities and women, but with additional stigma tied to their substance use history (Ashford et al., 2018). This is notably true in terms of employment. Discriminatory hiring practices are often clear and persist in workplace environments, particularly when providing necessary accommodations (Follmer & Jones, 2018).

The intersection of recovery status with identities like race, ethnicity, gender, and sexual identity leads to extra barriers and life complexities that workplace accommodations can tackle. Studies have shown that individuals in recovery often face heightened scrutiny, stereotypes about reliability and productivity, and reluctance from employers to invest in accommodations (Lusk & Veale, 2018). Furthermore, despite the ADA's expanding provisions, many employers lack awareness of their legal obligations or hold negative attitudes toward hiring individuals in recovery (Becton et al., 2017). Efforts to address these issues, including employer education, workplace training programs, and broader societal stigma reduction initiatives, are essential for fostering inclusive workplaces (Kulesza et al., 2016). Encouraging employers to adopt compassionate perspectives and recognize the potential of individuals in recovery can play a significant role in mitigating these barriers and promoting equitable employment opportunities (Earnshaw, 2021; Kulesza et al., 2016). Research has found that employers with prior exposure to recovery programs or personal connections to recovery are more open to making accommodations, such as flexible scheduling or providing access to support resources (Becton et al., 2020).

Importance of Employment in Recovery

Substance use disorders have traditionally hampered both the obtainment and retention of employment. Current research consistently notes that recovery among this group benefits the workplace and society (Frone et al., 2022); however, research rarely addresses the importance of employment in recovery. Approximately 7.9% of Americans with full-time employment, 10.2% of Americans with part-time employment, and 6.3% of Americans with "other employment" (characteristics such as students, caretakers, retirees, and those living with disabilities) reported active co-occurring substance and mental health diagnoses within the past year (SAMHSA, 2024). A sizeable discrepancy is found with unemployed individuals, with approximately 15.1% reporting co-occurring disorders within the past year. While these rates have seen a slight reduction between 2022 and 2023 (between 0.3% and 0.9%), the overall difference suggests concern about hiring or maintaining employment for those with co-occurring disorders (SAMHSA, 2024).

Workplace Supported Recovery

Recovery from substance use disorders and other problematic substance use behaviors rarely occurs within a vacuum of responsibility, with exceptions often relying on pre-existing financial safety nets or generous support systems. Private inpatient rehabilitation and other full-time substance use recovery programs often come with significant costs and time requirements that are unrealistic for most individuals that have bills to pay, people to take care of, and work that needs to get done (Farhoudian et al., 2022). The 2023 National Survey on Drug Use and Health (NSDUH) reported approximately 13.5% of unemployed Americans as identifying a perceived substance use problem at some point within their life, and 8.6% of unemployed Americans identifying that they perceive themselves as actively in a process of recovery from a substance use problem (SAMHSA, 2024). While growing research trends show that active employment is a predictor of successful treatment and recovery from substance use disorders (Eastwood et al., 2017; Gill, 2016; Melvin et al., 2012), the 2023 NSDUH reported overall similar substance use statistics across the other three employment categories: Americans with full-time employment (13.1% identified problem and 9.5% identified recovery), Americans with part-time employment (11.9% and 8.5%), and Americans categorized by the NSDUH as "other employment", with characteristics such as students, caretakers, retirees and those living with disabilities (10% and 7.8%; SAMHSA, 2024). The 2023 NSDUH, in addition to its previous yearly iterations, reinforces a growing awareness for substance use recovery programs and research. Effective integration of these clients into the workforce is not an all-encompassing solution, and the systemic considerations of the workplace as both a supportive factor and risk factor to substance use behaviors must be an equal priority.

Employment and Substance Abuse in Specific Industries

Several workplace-related risk factors, such as industries of employment and quality of employment, may provide additional context to the general similarities in problematic substance use behaviors between employed and unemployed individuals. A 2015 study that used NSDUH data from 2008 to 2012 evaluated substance use across industries, with DSM-IV substance use disorder diagnoses measured at the highest across the industries of accommodations and food services, construction, and arts, entertainment, and recreation (Bush & Lipari, 2015). Billock et al. (2023) identified rates of drug overdose within the United States by occupation in 2020, with construction and accommodations and food services at the top of the list. These industries often require frequent repetitive physical activity from employees throughout the workday, potentially to the point of developing injuries that may initiate legal prescription opioid use (Dong et al., 2022). Studies exploring alcohol use within construction and accommodations/food service workers also identify normative workplace cultures that enable higher

rates of alcohol use during the workday (Roche et al., 2020), as well as alcohol use outside of the workplace (Zhu et al., 2010), in comparison to other industries.

Industries with higher rates of substance use often report lower perceived job satisfaction (Cain et al., 2020; Hight & Park, 2018) and fewer opportunities for career growth and promotion (Jonsson et al., 2021; Suiter & Wilfong, 2021), which may enable substance use as a normalized negative coping skill. A 2022 study by Hsu et al. exploring predictors of substance reuse within the workplace by employees recovering from substance use disorders (SUDs) found positive correlations with frequency of job changes and part-time employment, both traits commonly seen in the accommodations and food service industry and are potential signs of lower quality workplaces (Jonsson et al., 2021; Zhu et al., 2010). However, workplaces with higher full-time salaries and opportunities for career advancement can still be environments that enable substance use behaviors, particularly in fields such as healthcare, that often involve long work shifts, understaffed facilities, and frequent exposure to trauma (Cares et al., 2015; Oreskovich et al., 2015; Sharma et al., 2023). Organizations and professionals offering employment assistance support for individuals within substance use recovery must take these environmental considerations into account when evaluating both potential workplaces and long-term support needs for clients. Regardless of workplace type, accommodations are still a necessary factor in the quality and experience an individual has throughout their recovery from SUD.

Employment Support Programs

To evaluate effectiveness of employment support programs, Sherba et al. (2018) interviewed 672 participants that were actively engaged in formalized substance use recovery programs, which uncovered several significant challenges to obtaining employment. The three most commonly reported challenges were criminal histories of participants, the lack of reliable transportation, and frequency of appointment requirements from probation or substance use treatment programs. Criminal records often discourage employers from hiring individuals in recovery, especially in industries with stringent background checks, such as healthcare, finance, or education (Rodriguez & Avery, 2016). Consequently, these factors create a cycle where individuals with a history of substance use face reduced access to gainful employment, which can impede their recovery progress and overall quality of life.

To address these issues, applied research focused on hiring and sustained employment practices for individuals recovering from substance use has often emphasized the importance of a facilitation process between organizations and workplaces. Employment support programs that help bridge the gap between recovery and employment are seen as vital in this context. A systematic review by Magura and Marshall (2020) identified Individual

Placement and Support (IPS) and Customized Employment Supports (CES) as the most effective evidence-based employment programs for individuals in substance use recovery.

With employment as a predictor of successful completion of both court-mandated and voluntary substance use rehabilitation and treatment (Gallagher et al., 2020; Gill, 2016; Rumrill & Bishop, 2023; Verhaaff & Scott, 2014; Wilson et al., 2017), it becomes important to understand how programs such as IPS and CES can effectively identify and assess appropriateness for places of employment that will accommodate the needs of individuals in recovery. Despite the positive outcomes associated with the aforementioned employment models, there are ongoing challenges. Funding for employment support services, particularly long-term follow-up support, is often limited, making it difficult to sustain these programs (Mueser et al., 2016). Additionally, stigma from employers remains a significant obstacle, as many still harbor negative perceptions about hiring individuals with a history of substance use (Ashford et al., 2018; Becton et al., 2020). For this reason, the present authors developed the *Willingness to Accommodate Scale* (WAS) to facilitate an evaluation of potential workplaces for both established employment support programs and research purposes. Through addressing the roles of stigma and employer attitudes toward providing helpful accommodations, the present study aims to fill a gap within the literature on how willing employers are to make impactful changes, not just what changes will help individuals in recovery from SUD. The following overarching research question and sub-question guide the present study:

1. Does a relationship exist between employers' willingness to provide accommodations for individuals in recovery and factors such as personal characteristics and business-related attributes?

    a. To what extent do these personal and business-related factors predict employers' willingness to accommodate?

Methodology

The population for this study consisted of approximately 1,000 employers who were affiliated with the Chambers of Commerce in South Texas. To facilitate data collection, the researcher used the Chambers of Commerce to request their help in distributing an online questionnaire to their members. Out of 956 successfully delivered surveys, 436 participants began the survey, with 383 completing it, resulting in a completion rate of 40%. A convenience sampling method was employed for this study, following the guidelines outlined by Etikan, Musa, and Alkassim (2016). While the sample was not randomized, the data collected still provides valuable insights into employers' views on the research topic. The sample size was determined based on two key

factors: the homogeneity of the target population and the level of acceptable error in the results (Witte & Witte, 2007). In this case, the population was considered relatively homogenous, which supported the use of a non-random sample. The criteria for participation in the study were that participants be employers affiliated with the Chamber of Commerce.

In addition, the researcher considered the necessary sample size to minimize error, as larger samples reduce standard error (Witte & Witte, 2007). A power analysis was conducted using Soper's (2011) software to determine the ideal sample size for hierarchical multiple regression. Based on a large effect size (d = .50) and the chosen predictors, the analysis identified a minimum required sample of 116 participants to test the addition of new independent variables to the model.

Participants

The study's sample consisted of 383 employers, with percentages reflecting the entire sample rather than the number of respondents for each question. Among the participants, 196 (51%) were male, and 186 (49%) were female. The majority were Hispanic-Americans (n=239, 62.4%), followed by European-Americans (n=92, 24.0%), African-Americans (n=31, 8.09%), Asian-Americans (n=8, 2.09%), and Native-Americans (n=5, 1.31%), while three individuals (0.08%) identified as multiracial. Four participants (1.31%) opted not to disclose their ethnicity. Participants' ages ranged from 19 to 71 years, with a mean age of 41.11 years (SD = 11.54). Due to small group sizes, all non-Hispanic participants were combined into a single ethnicity category. Regarding educational attainment, 136 participants (35.6%) held a bachelor's degree, 84 (21.9%) had a master's degree, 5 (1.31%) earned a doctoral degree, 12 (3.13%) completed high school, 69 (18.1%) had some college or university experience, and 76 (19.9%) held an associate's degree. For analysis purposes, education levels were classified into two categories: less than four years of college education (n = 157, 41%) and four years or more of college education (n = 225, 59%).

Data Collection

Approval for this study was obtained from the University of Texas-Pan American Institutional Review Board (IRB) and the Chambers of Commerce. After receiving IRB approval, employers affiliated with the Chambers of Commerce were contacted via email, which included an explanation of the study and an invitation to participate by completing an online questionnaire. The email also contained a link to the informed consent and the survey, which was created using Qualtrics, an online platform for designing and administering electronic surveys.

Participants were informed that by reading the consent form and voluntarily completing the survey, they were providing their consent to participate. Following the initial email, a response rate of 25% was anticipated. Two weeks later, a follow-up email was sent to encourage additional participation, with the goal of increasing the response rate to between

35-45%. To incentivize participation, respondents were given the opportunity to enter a raffle to win one of three $50 VISA gift cards upon completing the survey. Raffle entries were collected through a separate link to ensure no connection between the participants' survey responses and their personal information.

Variables and Instrumentation

Willingness To Accommodate Scale (WAS)

The study focused on a single dependent variable: employer willingness to accommodate individuals in recovery, measured using the *Willingness to Accommodate Scale* (WAS). The WAS is a preliminary scale developed by the primary author to address a gap within available instrumentation to assess how employer attributes can affect those in recovery from SUD. To develop the measure, a comprehensive literature search was undertaken to identify factors that would contribute to an appropriate instrument for assessing employers' willingness to accommodate individuals in recovery. After an extensive review of the literature, The *Willingness to Accommodate Scale (WAS)* was developed specifically for this study to measure employers' willingness to accommodate individuals in recovery from addiction.

Within the WAS, three sets of independent variables were examined: employer personal characteristics, business-related characteristics, and level of compassion. The scale includes 16 items rated on a 5-point Likert scale, ranging from Very Unlikely (1), Unlikely (2), Undecided (3), Likely (4), to Very Likely (5). The items focus on various accommodations that individuals in recovery might require in the workplace. Example items include "allow for use of paid leave for inpatient medical treatment," "provide space enclosures or a private office," and "modify supervisory methods." The reliability of the WAS was demonstrated through a Cronbach's alpha of r = .91, indicating high internal consistency.

Santa Clara Brief Compassion Scale

The five items assessing compassion were derived from the Santa Clara Brief Compassion Scale (Hwang et al., 2008), which is a condensed version of the 21-item Compassionate Love Scale developed by Sprecher and Fehr (2005). This scale evaluates compassion in relation to prosocial behaviors using a seven-point Likert scale ranging from "Not at all true for me" to "Very true for me." Additional descriptors were collected through a demographic questionnaire, which included personal characteristics (e.g., personal experience with recovery) and business-related factors (e.g., industry affiliation, company size, and training participation). Further items used to examine employer characteristics included (a) the business type, (b) whether the organization had a formal policy regarding hiring individuals in recovery, and (c) prior experience hiring such individuals.

Data Analysis

A combination of descriptive analysis, Pearson correlation, and multiple regression techniques were employed to analyze the survey data. Descriptive statistics were generated for both the dependent and independent variables, including mean, standard deviation, and response frequencies. A hierarchical multiple regression test was conducted to examine the predictive relationships between personal and business-related characteristics and the dependent variable. Personal characteristics were entered first into the regression model, followed by the business-related factors of interest, allowing the researchers to evaluate the impact of the independent variables while controlling for potential confounders.

Results

The primary research question examined employers' willingness to provide accommodations for individuals in recovery and whether willingness varied according to personal characteristics, business-related attributes, recovery awareness, and compassion. Employer willingness was assessed using a 16-item accommodations scale rated on a 5-point Likert scale from 1 (very unlikely) to 5 (very likely). The full scale demonstrated strong internal consistency, $\alpha = .91$. Subscale reliability was also acceptable to strong for timing accommodations, $\alpha = .84$, modifications accommodations, $\alpha = .81$, and responsibility accommodations, $\alpha = .79$. The distribution of scores was approximately normal, with skewness of -.115 and kurtosis of .168.

Overall, employers indicated moderate to high willingness to provide accommodations for individuals in recovery, although willingness varied by accommodation type. Regarding timing accommodations, employers were most willing to allow unpaid leave or flexible scheduling for counseling or support meetings ($M = 4.19$, $SD = 1.00$) and least willing to allow paid leave for inpatient medical treatment ($M = 2.95$, $SD = 1.46$). For modifications and accommodations, the highest endorsement was for reassigning an employee to a position that does not involve exposure to drugs ($M = 4.36$, $SD = 0.96$), whereas allowing work from home received the lowest mean rating ($M = 2.46$, $SD = 1.30$). For responsibility accommodations, employers were most willing to refer employees to counseling and employee assistance programs ($M = 4.34$, $SD = 0.79$) and provide praise and positive reinforcement ($M = 4.32$, $SD = 0.78$). Extra supervision received the lowest mean within this subscale, although endorsement remained above the midpoint ($M = 3.62$, $SD = 1.10$). These findings suggest employers were more willing to provide interpersonal, supervisory, and schedule-related supports than to provide accommodations involving paid leave or work-from-home flexibility. Table 1 presents the item-level means, standard deviations, and response frequencies.

Table 1. Means and Standard Deviations on Willingness to Accommodate Scale

		Very Unlikely	Unlikely	Undecided	Likely	Very Likely
Timing Accommodations	*M* (SD)	n (%)	n (%)	n (%)	n (%)	n (%)
Allow use of paid leave for inpatient medical treatment	2.95(1.46)	92 (24.3)	65 (17.2)	59 (15.6)	93 (24.6)	69 (18.3)
Allow use of unpaid leave for inpatient medical treatment	3.77(1.11)	16 (4.3)	38 (10.1)	73 (19.5)	139 (37.1)	109 (29.1)
Allow use of paid leave or flexible scheduling for counseling/support meetings	3.33(1.26)	35 (9.3)	78 (20.7)	67 (17.8)	123 (32.6)	74 (19.6)
Allow use of unpaid leave or flexible scheduling for counseling/support meetings	4.19(1.00)	10 (2.6)	20 (5.3)	41 (10.8)	126 (33.3)	181 (47.9)
Schedule periodic rest breaks away from the workstation	3.82(1.08)	15 (4.0)	40 (10.6)	51 (13.5)	164 (43.5)	107 (28.4)
Allow a flexible work schedule and use of leave time	3.55(1.18)	31 (8.2)	45 (11.9)	66 (17.5)	158 (41.8)	78 (20.6)

Note. Six items from Accommodations Scale

Table 1 ***continued***
Accommodations Scale

		Very Unlikely	Unlikely	Undecided	Likely	Very Likely
Modifications Accommodations	*M* (SD)	n (%)	n (%)	n (%)	n (%)	n (%)
Allow work from home	2.46(1.30)	119 (31.4)	83 (21.9)	93 (24.5)	50 (13.2)	34 (9.0)
Implement ergonomic workstation design	3.09(1.29)	56 (14.9)	73 (19.5)	85 (22.7)	105 (28.0)	56 (14.9)
Provide space enclosures or a private office	3.00(1.31)	65 (17.3)	77 (20.5)	77 (20.5)	106 (28.3)	50 (13.3)
Divide large assignments into smaller tasks and steps	3.36(1.25)	40 (10.6)	63 (16.7)	64 (16.9)	143 (37.8)	68 (18.0)
Reassign to a position that does not involve exposure to drugs	4.36(0.96)	11 (2.9)	9 (2.4)	37 (9.8)	95 (25.2)	225 (59.7)

Note. Five items from Accommodations Scale

Sub-Question A

The second research question examined the extent to which personal and business-related factors predicted employers' willingness to accommodate individuals in recovery. Pearson product-moment correlations were conducted first to examine bivariate relationships among the study variables. Hierarchical multiple regression was then used to determine the extent to which personal characteristics and business characteristics predicted willingness to accommodate. The authors handled missing data using listwise deletion. In addition, a visual inspection of the box plots showed no significant outliers, and the Normal Q-Q Plot indicated that the assumption of normality was met. An alpha level of .05 was used to determine statistical significance.

Table 2. Bivariate Correlations among Personal Characteristics and Employer's Willingness

	Employer Willingness	Personal Use	Family in Recovery	Recovery Awareness
Personal Use	.06			
Family in Recovery	-.13*	.18**		
Recovery Awareness	.18**	.10	.25**	
Level of Compassion	.17**	.49**	.23**	.14**

Note. N=380; *= Correlation is significant at the 0.05 level. **= Correlation is significant at the 0.01 level (2-tailed).

Bivariate Correlations Among Personal Characteristics

As shown in Table 2, employers' willingness to accommodate was not significantly related to personal use of alcohol or other drugs, r = .06. A small positive relationship appeared between employer willingness and having a family member or friend in recovery, r = .13. Employer willingness was also positively associated with recovery awareness, r = .18, p < .01, and level of compassion, r = .17, p < .01. In addition, the personal characteristic variables were related to one another in several ways. Personal use was positively associated with compassion, r = .49, p < .01, and family or friend in recovery was positively related to personal use, r = .18, p < .01, recovery awareness, r = .25, p < .01, and compassion, r = .23, p < .01. Recovery awareness was also positively associated with compassion, r = .14, p < .01. These findings indicate that awareness, compassion, and personal connection to recovery were each associated with greater willingness to accommodate at the bivariate level.

Bivariate Correlations Among Business Characteristics

Table 3 presents the correlations among business-related variables and employer willingness. There was no significant correlation between employer willingness and industry type (r = -.03) or business structure (r = -.04). Employer willingness was positively associated with previous training, r = .25, p < .01. In contrast, employer willingness was negatively associated with previous hires, r = -.26, p < .01, and contact in the workplace, r = -.29, p < .01. Training was positively related to previous hires, r = .43, p < .01, and contact in the workplace, r = .43, p < .01. Business structure was positively associated with training, r = .11, p < .05, industry type, r = .13, p < .05, and previous hires, r = .12, p < .05. Previous hires and workplace contact were strongly related, r = .74, p < .01. These results suggest that previous contact and experiences with employees with SUD was associated with greater willingness to accommodate, whereas prior hiring and business structure were associated with lower willingness at the bivariate level.

Hierarchical Regression Analysis

A hierarchical multiple regression was conducted to examine whether personal and business-related characteristics predicted employer willingness to accommodate individuals in recovery. In step one, the authors entered the personal characteristics of personal use of AOD, recovery awareness, family

Table 3. Bivariate Correlations among Business Characteristics and Employer's Willingness

	Employer Willingness	Training	Industry	Business Structure	Previous Hire
Training	.25**				
Industry	-.03	-.07			
Business Structure	-.04	.11*	.13*		
Previous Hires	-.26**	.43**	-.05	.12*	
Contact In Workplace	-.29**	.43**	-.04	.08	.74**

Note. N=380; *= Correlation is significant at the 0.05 level. **= Correlation is significant at the 0.01 level (2-tailed).

or friend in recovery, and compassion. This model explained 4.9% of the variance in willingness to accommodate, R^2 = .049, adjusted R^2 = .037. Within this step, recovery awareness emerged as the only significant predictor, B = .103, SEB = .035, β = .163, t = 2.93, p < .01. Personal use of AOD, family or friend in recovery, and compassion were not significant predictors in the model.

In step two, business-related variables were added, including industry type, business structure, prior training, prior hires, and workplace contact. The addition of these variables increased the explained variance to 12.9%, R^2 = .129, adjusted R^2 = .105, representing an 8.0% increase in explained variance, ΔR^2 = .080. In the full model, previous training, B = .238, SEB = .096, β = .156, t = 2.48, p < .05, and contact within the workplace, B = .316, SEB = .123, β = .213, t = 2.58, p < .05, emerged as significant predictors of willingness to accommodate. Recovery awareness was no longer significant after the business variables were included. Personal use of AOD, family or friend in recovery, compassion, industry type, business structure, and previous hires were not significant predictors in the final model. Table 4 provides the regression coefficients for both steps of the model. From both steps, there is a modest amount of variance in willingness to accommodate. In practice, this variance suggests that there is no single reason an employer is willing to accommodate employees in recovery from SUD; rather, a myriad of factors intertwine to develop attitudes.

In summary, the results display a general willingness to accommodate individuals in recovery among employers, with the most robust support being evident for counseling referrals, commendation, and reinforcement, and adaptable schedules incorporating unpaid leave. At the bivariate level, awareness, compassion, family or friend in recovery, and previous training were associated with willingness to accommodate. However, when all predictors were considered simultaneously, previous training and workplace contact were the strongest unique predictors of employer willingness.

Discussion

The present study sought to determine how different personal and business variables interact and to what extent they influence employers' willingness to support individuals in recovery within the workplace. Across the results, employers were consistently moderately willing to accommodate

Table 4. Summary of Hierarchical Regression Analysis of Employer Willingness to Accommodate on Personal and Business Characteristics

Variable	*B*	SE_B	β	R^2	ΔR^2	*t*
Willingness to Accommodate						
Step 1				.049		
Personal Use of AOD	-.075	.095	-.048			-.793
Level of Recovery Awareness	.103	.035	.163**			2.926
Family/Friend in Recovery	.106	.088	.069			1.203
Level of Compassion	.042	.027	.095			1.557
Adjusted R^2 = .037						
Step 2				.129	.080	
Personal Use of AOD	-.046	.092	-.029			-.497
Level of Recovery Awareness	.011	.040	-.018			.277
Family/Friend in Recovery	.040	.088	.026			.452
Level of Compassion	.042	.027	.095			1.551
Industry Type	-.056	.082	-.038			-.638
Business Structure	-.074	.050	-.080			-1.471
Previous Trainings	.238	.096	.156*			2.484
Previous Hires	.009	.125	.006			.073
Contact within workplace	.316	.123	.213*			2.577
Adjusted R^2 = .105						

Note. * p < .05; ** *p* < .01; *B* = unstandardized regression coefficient; SE_B = standard error of the coefficient; β = standardized coefficient; R^2 = coefficient of determination; ΔR^2 = change in R^2; *t* = t-value

employees with SUDs based on a myriad of factors. These results suggest that, rather than certain factors showing strong correlation with higher accommodation rates, a generalized approach may be more suitable when working to improve employer attitudes and accommodation rates for individuals in recovery. This widespread positive correlation may be interpreted as a potential shift of employer attitudes toward supporting recovery efforts. Specifically, small but consistent relationships still matter in workplace decision-making because attitudes that accumulate across settings often shape hiring, flexibility, and support practices.

An important nuance is that willingness was not uniform across accommodation types. Employers were most willing to offer supports such as referrals to counseling or employee assistance programs, praise, and reinforcement, schedule flexibility for counseling, and reassignment away from drug exposure. In contrast, employers were less willing to approve paid leave for inpatient treatment or remote work. This pattern suggests that employers may endorse recovery support in principle, while remaining more hesitant to adopt accommodations that affect operations, cost, or supervision.

Personal Factors: Compassion and Recovery Awareness

While there was evidence of many personal and business variables working together to show a general increase in outlook among employers, the specific variables of compassion and awareness showed a consistent positive correlational relationship with willingness to accommodate. These factors are

crucial for employers to comprehend an employee's daily work experience, and further research should continue to highlight these variables to build a deeper understanding of how they are interrelated. Personal characteristics tended to show more consistency in their correlations with willingness to accommodate in comparison to business characteristics.

Employers with higher levels of compassion may be more likely to view individuals in recovery as capable of succeeding in the workplace, thereby strengthening support for hiring, retention, and day-to-day flexibility (Becton et al., 2026). Compassion also supports inclusive responses such as flexible scheduling, referral to services, and supportive supervision (Corrigan et al., 2014). At the same time, personal exposure to recovery should be interpreted with caution. Having a family member or friend in recovery did not emerge as a strong positive predictor once other variables were considered. This suggests that exposure alone may not be enough to shape workplace support without compassion, recovery knowledge, and training.

Employers with higher levels of compassion are potentially more likely to perceive individuals in recovery as capable of succeeding in the workplace, leading to greater support for hiring and retention efforts (Becton et al., 2026). Compassion also enhances workplace environments by encouraging inclusive practices, such as offering flexible scheduling or providing training to support employees in recovery (Corrigan et al., 2014). By addressing the role of compassion, this study builds on existing research to explore how personal and business-related characteristics influence employer decision-making regarding individuals in recovery. The role of compassion is further extrapolated through the finding that exposure to a loved one in recovery from SUD leads to higher rates of willingness to accommodate. These two factors can intertwine to create a stronger bond and employer outlook on employee needs due to SUD.

Business Factors

Industry Type and Business Structure

In addition to crucial personal factors, the present study found that there was no significant relationship between willingness to accommodate and industry type or business structure. Based on previous literature (Frone et al., 2022; Hight & Park, 2018; Roche et al., 2020) of industries with high rates of SUD diagnoses, the finding of no variation in industry type and willingness to accommodate was unexpected. This does not reflect current research that highlights high rates of substance use in high stress work environments (Hight & Park, 2018; Roche et al., 2020) and may potentially signal that substance use within these industries is often overlooked completely or is regarded as a standard that does not need further accommodation. In sum, willingness may be shaped less by industry alone and more by employer beliefs, exposure, and recovery knowledge.

Training and Workplace Exposure

Rather than an emphasis on industry type and business structure, there was a focus on experience and training level of employers. An employer's level of training was significantly correlated with their willingness to accommodate substance use recovery. Additionally, training is associated with a higher correlation of having previous hires with SUD and increased workplace contact. These significant correlations show the importance of providing effective training resources for employers to increase their awareness about the effects of SUD and how to best provide supports in the workplace. Recent research has identified lower rates of stigma throughout employers, potentially due to shifting cultural attitudes toward mental healthcare (Becton et al., 2026). The most significant finding throughout the listed bivariate correlations was the correlation between contact in the workplace and previous hires. This suggests that previous, current and future contact with employees with SUD is critical to rates of willingness to provide workplace accommodations.

The regression findings further clarify this pattern. While awareness of recovery initially appeared positively associated with a willingness to accommodate, receive training, and have workplace contact, the full model revealed that training and workplace contact were the most significant individual predictors. This suggests that general knowledge matters, but structured training and direct exposure may carry greater weight when employers decide on actual workplace support. Together, these findings position employer willingness as an issue of organizational readiness rather than one tied to a single industry or business type.

Limitations

The present study presents a few limitations that had the potential to impact study results. The limitations should be considered when interpreting study results and findings. The population of the study was limited to a predominately Hispanic area, which may not be fully generalizable to other areas throughout the United States. The sample was composed of 62.4% Hispanic Americans, which does not accurately represent the general population of the United States, in which individuals of Hispanic descent make up 19% of the population (Funk & Lopez, 2022). In future research, concepts within the present study should be expanded and generalized to the demographic makeup of the United States, to ensure accurate results that reflect the entire nation. Additionally, the present study may be conducted with populations that span other cultural and ethnic groups to evaluate perspectives on employer willingness to accommodate SUDs. Implications of the present body of work may not translate into hiring or employment procedures.

Moreover, the data collection was conducted through self-report surveys, which presents several potential limitations. One potential limitation is due to sampling bias, where some individuals have the tendency to be more prone

to completing research surveys. Because the study used convenience sampling, the participants may be systematically different than the desired population due to limited representation and a lack of external validity. While the sample does provide valuable data into employer's views on the research topic, the sample may be at an increased risk of being influenced by confounding variables that may impact data conclusions. Additionally, the present study utilizes a cross-sectional design, which only gathered data from the selected sample once. There is the potential for employers to have different experiences across time that continue to shape their views on accommodation needs.

The present study utilized a newly created rating scale, the *Willingness to Accommodate Scale* (WAS). This tool was developed to assess employer willingness to accommodate individuals in substance use recovery and was created through an extensive literature review from both addictions and accommodation research. The scale demonstrated strong internal consistency through a Cronbach's alpha = .91, deeming the scale to be reliable. However, due to the newness of the scale, the study presents limitations due to construct validity, applicability, and test-retest reliability of the scale. Future studies implementing the scale could support the idea that validity issues of the scale may limit the generalizability of the findings.

Additionally, the study used convenience sampling which presents as a limitation. The participants selected to take the survey were invited through Chambers of Commerce, which is an organized group of business professionals that desire to increase the economic and civic well-being of communities fostered through many meetings and discussions. The individuals who chose to participate may be more receptive and interested in workplace issues compared to those in workplaces that are not members of Chambers of Commerce.

Implications for Practice and Research

The present study yields several important implications that have the potential to strengthen vocational wellness for individuals with SUD. Further, the findings present practical guidance for employer training, and the development of recovery-supported workplace initiatives. Specifically, the study found that several factors associated with employer willingness to accommodate can be addressed in workplace trainings. Compassion and recovery awareness were both positively associated with willingness to accommodate, suggesting that these areas should be intentionally emphasized in employer education and professional development efforts. Existing programs already promote recovery ready workplaces by focusing on prevention, reducing substance use related stigma in the workplace, and fostering a recovery supportive culture (U.S. Department of Labor, n.d.).

Organizational Culture

In addition, employer training should include interpersonal factors such as compassion, recovery awareness, and practical decision-making related to accommodation. Training alone, however, is not enough. Organizations

should embed recovery supportive language and practices into formal workplace systems, including human resources policies, supervisor development, onboarding materials, and employee assistance referrals. This helps ensure that support for employees in recovery is not dependent solely on individual supervisor discretion but is reflected in consistent organizational practice. Together, these findings suggest that willingness to accommodate is not simply an individual attitude. It is also an organizational readiness issue that may be strengthened through training, policy, and workplace culture.

The addition of interpersonal factors could greatly impact the ways in which employers respond to existing employees with SUD. For example, employers in this study were least likely to allow work from home accommodations. That finding suggests some forms of support may continue to be viewed with more hesitation than others, even when employers express a general willingness to accommodate. As such, training should move beyond broad encouragement and instead help employers think through specific accommodation decisions, common concerns, and appropriate supports. Efforts to reduce SUD related stigma should also extend beyond training to include policy level protections and broader shifts in workplace culture.

Counseling and Future Research

Besides practical workplace implementation, the present data yield implications for counselor educators, vocational rehabilitation professionals, and treatment providers. These professionals can use this information to help individuals in recovery make informed decisions about workplace disclosure, advocate for reasonable accommodations and supportive practices, and build stronger partnerships with employers to promote recovery-supportive work environments. The findings also support stronger collaboration between helping professionals and employers in order to expand recovery supportive work environments. For counselor educators in particular, these results reinforce the importance of preparing trainees to address work, disclosure, stigma, and advocacy as part of treatment and vocational planning.

This study also contributes to the literature using the WAS scale, which supports its reliability and validity as a measure for future research on employer practices related to individuals in recovery. Research regarding employer attitudes toward individuals in recovery is under researched, and the created scale aims to address this gap in the literature by providing an effective measure that accurately assesses employer perspectives and actions taken about substance recovery accommodations. At the same time, intervention-based research is needed to continue establishing the scale's validity across settings and populations. Future studies should further examine the role of compassion, recovery awareness, training, and workplace exposure in shaping employer responses. Longitudinal and intervention-based studies would be especially useful in determining whether training and policy changes lead to stronger accommodation practices over time.

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References

Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, *189*, 131–138. https://doi.org/10.1016/j.drugalcdep.2018.05.005

Becton, A. B., Chen, R., & Juarez, S. W. (2020). Hiring individuals in recovery: Characteristics,levels of concern, and willingness. *Journal of Rehabilitation*, *86*(2), 39–46.

Becton, A. B., Chen, R. K., & Paul, T. M. (2017). A second chance: Employers' perspectives in hiring individuals in addiction recovery. *Journal of Applied Rehabilitation Counseling*, *48*(1), 6–15. https://doi.org/10.1891/0047-2220.48.1.6

Becton, A. B., Lusk, S. L., Sobrino, M., Gibson, N., & Vickers, P. (2026). Stigma at work: Examining employer concerns about hiring individuals with substance use histories. *Journal of Applied Rehabilitation Counseling*. https://doi.org/10.1891/jarc-2025-0017

Billock, R. M., Steege, A. L., & Miniño, A. (2023). Drug overdose mortality by usual occupation and industry: 46 U.S. States and New York City, 2020. *National Vital Statistics Reports: From the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System*, *72*(7), 1–34.

Bush, D. M., & Lipari, R. N. (2015). Substance use and substance use disorder by industry. In *The CBHSQ Report* (pp. 1–18). Substance Abuse and Mental Health Services Administration (US).

Cain, L., Kitterlin-Lynch, M., Cain, C., & Agrusa, J. (2020). Heavy alcohol use, job satisfaction, and job escapism drinking among foodservice employees: A comparative analysis. *International Journal of Hospitality & Tourism Administration*, *21*(3), 287–307. https://doi.org/10.1080/15256480.2018.1478355

Cares, A., Pace, E., Denious, J., & Crane, L. A. (2015). Substance use and mental illness among nurses: Workplace warning signs and barriers to seeking assistance. *Substance Abuse*, *36*(1), 59–66. https://doi.org/10.1080/08897077.2014.933725

Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest*, *15*(2), 37–70. https://doi.org/10.1177/1529100614531398

Dong, X. S., Brooks, R. D., Rodman, C., Rinehart, R., & Brown, S. (2022). Pain and prescription opioid use among US construction workers: Findings from the 2011–2018 Medical Expenditure Panel Survey. *American Journal of Public Health*, *112*(S1), S77–S87. https://doi.org/10.2105/AJPH.2021.306510

Earnshaw, V. A. (2021). Stigma and substance use disorders: A clinical, research, and advocacy agenda. *American Psychologist*, *75*(9), 1300–1311. https://doi.org/10.1037/amp0000744

Eastwood, B., Strang, J., & Marsden, J. (2017). Effectiveness of treatment for opioid use disorder: A national, five-year, prospective, observational study in England. *Drug and Alcohol Dependence*, *176*, 139–147. https://doi.org/10.1016/j.drugalcdep.2017.03.013

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, *5*(1), 1–4. https://doi.org/10.11648/j.ajtas.20160501.11

Farhoudian, A., Razaghi, E., Hooshyari, Z., Noroozi, A., Pilevari, A., Mokri, A., Mohammadi, M. R., & Malekinejad, M. (2022). Barriers and facilitators to substance use disorder treatment: An overview of systematic reviews. *Substance Use: Research and Treatment*, *16*. https://doi.org/10.1177/11782218221118462

Follmer, K. B., & Jones, K. S. (2018). Mental illness in the workplace: An interdisciplinary review and organizational research agenda. *Journal of Management*, *44*(1), 325–351. https://doi.org/10.1177/0149206317741194

Frone, M. R., Chosewood, L. C., Osborne, J. C., & Howard, J. J. (2022). Workplace supported recovery from substance use disorders: Defining the construct, developing a model, and proposing an agenda for future research. *Occupational Health Science*, *6*, 475–511. https://doi.org/10.1007/s41542-022-00123-x

Funk, C., & Lopez, M. H. (2022). *A brief statistical portrait of U.S. Hispanics*. Pew Research Center. https://www.pewresearch.org/science/2022/06/14/a-brief-statistical-portrait-of-u-s-hispanics/

Gallagher, J. R., Wahler, E. A., & Nordberg, A. (2020). Predictors of graduation and criminal recidivism: Findings from a drug court that primarily serves African Americans. *Journal of Ethnic & Cultural Diversity in Social Work*, *31*(1), 40–50. https://doi.org/10.1080/15313204.2020.1799472

Gill, M. E. (2016). Predictors of drug court client graduation. *Journal of Offender Rehabilitation*, *55*(8), 564–588. https://doi.org/10.1080/10509674.2016.1229710

Hight, K., & Park, J. (2018). Substance use for restaurant servers: Causes and effects. *International Journal of Hospitality Management*, *68*, 68–79. https://doi.org/10.1016/j.ijhm.2017.09.012

Hwang, J. Y., Plante, T. G., & Lackey, K. (2008). The development of the Santa Clara Brief Compassion Scale: An abbreviation of Sprecher and Fehr's Compassionate Love Scale. *Pastoral Psychology*, *56*(4), 421–428. https://doi.org/10.1007/s11089-008-0117-2

Jonsson, J., Muntaner, C., Bodin, T., Alderling, M., Rebeka, R., Burström, B., Davis, L., Gunn, V., Hemmingsson, T., Julià, M., Kjellberg, K., Kreshpaj, B., Orellana, C., Padrosa, E., Wegman, D. H., & Matilla-Santander, N. (2021). Low-quality employment trajectories and risk of common mental disorders, substance use disorders and suicide attempt: a longitudinal study of the Swedish workforce. *Scandinavian Journal of Work, Environment & Health*, *47*(7), 509–520. https://doi.org/10.5271/sjweh.3978

Kulesza, M., Matsuda, M., Ramirez, J. J., Werntz, A. J., Teachman, B. A., & Lindgren, K. P. (2016). Towards greater understanding of addiction stigma: Intersectionality withrace/ethnicity and gender. *Journal of Drug and Alcohol Dependence*, *169*, 85–91. https://doi.org/10.1016/j.drugalcdep.2016.10.020

Lusk, S., & Veale, F. (2018). Increasing successful vocational rehabilitation outcomes for individuals with substance use disorders. *Journal of Applied Rehabilitation Counseling*, *49*, 4–10. https://doi.org/10.1891/0047-2220.49.1.4

Magura, S., & Marshall, T. (2020). The effectiveness of interventions intended to improve employment outcomes for persons with substance use disorder: An updated systematic review. *Substance Use & Misuse*, *55*(13), 2230–2236. https://doi.org/10.1080/10826084.2020.1797810

Melvin, A. M., Davis, S., & Koch, D. S. (2012). Employment as a predictor of substance abuse treatment. *Journal of Rehabilitation*, *78*(4), 31–37. https://www.proquest.com/scholarly-journals/employment-as-predictor-substance-abuse-treatment/docview/1115595195/se-2

Mueser, K. T., Noordsy, D. L., & Drake, R. E. (2016). Serious mental illness. In K. J. Sher (Ed.), *The Oxford handbook of substance use and substance use disorders* (pp. 88–115). Oxford University Press.

Oreskovich, M. R., Shanafelt, T., Dyrbye, L. N., Tan, L., Sotile, W., Satele, D., West, C. P., Sloan, J., & Boone, S. (2015). The prevalence of substance use disorders in American physicians. *The American Journal on Addictions*, *24*(1), 30–38. https://doi.org/10.1111/ajad.12173

Roche, A. M., Chapman, J., Duraisingam, V., Phillips, B., Finnane, J., & Pidd, K. (2020). Construction workers' alcohol use, knowledge, perceptions of risk and workplace norms. *Drug and Alcohol Review*, *39*(7), 941–949. https://doi.org/10.1111/dar.13075

Rodriguez, M. N., & Avery, B. (2016). *Unlicensed and untapped: Removing barriers to state occupational licenses for people with records*. National Employment Law Project. https://wyoleg.gov/InterimCommittee/2017/10-0427APPENDIX29.pdf

Rumrill, S. P., & Bishop, M. L. (2023). The role of employment status, change, and satisfaction for people who have completed substance use disorder treatment. *WORK: A Journal of Prevention, Assessment & Rehabilitation*, *74*(2), 355–369. https://doi.org/10.1007/s12144-024-05959-w

Sharma, P., Goswami, S., Raychaudhuri, D., Siddiqui, B. A., Singh, P., Nagarajan, A., Liu, J., Subudhi, S. K., Poon, C., Gant, K. L., Herbrich, S. M., Anandhan, S., Islam, S., Amit, M., Anandappa, G., & Allison, J. P. (2023). Immune checkpoint therapy-current perspectives and future directions. *Cell*, *186*(8), 1652–1669. https://doi.org/10.1016/j.cell.2023.03.006

Sherba, R. T., Coxe, K. A., Gersper, B. E., & Linley, J. V. (2018). Employment services and substance abuse treatment. *Journal of Substance Abuse Treatment*, *87*, 70–78. https://doi.org/10.1016/j.jsat.2018.01.015

Soper, D. (2011). *Statistics calculators. A-priori Sample Size Calculator*.

Spata, A., Gupta, I., Lear, M. K., Lunze, K., & Luoma, J. B. (2024). Substance use stigma: A systematic review of measures and their psychometric properties. *Drug and Alcohol Dependence Reports*, *11*. https://doi.org/10.1016/j.dadr.2024.100237

Sprecher, S., & Fehr, B. (2005). Compassionate love for close others and humanity. *Journal of Social and Personal Relationships*, *22*(5), 629–651. https://doi.org/10.1177/0265407505056439

Substance Abuse and Mental Health Services Administration. (2024). *National Survey on Drug Use and Health (NSDUH) annual report*. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases/2024#annual-national-report

Suiter, S. V., & Wilfong, C. D. (2021). Addiction, recovery, and work: Surviving the daily grind. *WORK: A Journal of Prevention, Assessment & Rehabilitation*, *68*(1), 149–159. https://doi.org/10.3233/WOR-203364

U.S. Department of Labor. (n.d.). *Recovery-Ready Workplace Resource Hub*. https://www.dol.gov/agencies/eta/RRW-hub

Verhaaff, A., & Scott, H. (2014). Individual factors predicting mental health court diversion outcome. *Research on Social Work Practice*, *25*(2), 213–228. https://doi.org/10.1177/1049731514523507

Wilson, J. L., Bandyopadhyay, S., Yang, H., Cerulli, C., & Morse, D. S. (2017). Identifying predictors of substance use and recidivism outcome trajectories among drug treatment court clients. *Criminal Justice and Behavior*, *45*(4), 447–467. https://doi.org/10.1177/0093854817737806

Witte, R. S., & Witte, J. S. (2007). *Statistics* (8th ed.). John Wiley & Sons.

Zhu, J., Tews, M. J., Stafford, K., & George, R. T. (2010). Alcohol and illicit substance use in the food service industry: Assessing self-selection and job-related risk factors. *Journal of Hospitality & Tourism Research*, *35*(1), 45–63. https://doi.org/10.1177/1096348010388640